MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

17005

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ammendale | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ammendale Normal Institute

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ammendale
STREET ADDRESS (If rural give location) Ammendale Normal Institute

3. NAME OF DECEASED (Type or Print): (First) BROTHER (Middle) (Last) ALOYSIUS

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/13/1866

9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Christian Brother

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Podlower, Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Podroza

14. MOTHER'S MAIDEN NAME: Anna (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Record - Ammendale Normal Institute

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis, acute	15 min
Antecedent cause(s)	(b) Senility & arteriosclerosis, mild	15-20 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertrophy of prostate gland	5 yrs

4500
930

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to July, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
John Abrahams, M.D. | Laurel, Md. | July 17, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 7/20/1949 | NAME OF CEMETERY OR CREMATORY: Ammendale Normal Institute | LOCATION (City, town, or county) (State): Ammendale (Beltsville) Md.

DATE REC'D BY LOCAL REG.: July 22-1949 | REGISTRAR'S SIGNATURE: John D Smith

24. FUNERAL DIRECTOR: W.W. Chambers Co | ADDRESS: Riverdale, Md

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07006

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (In this place) 1 yr. 3 mo., 13 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 627- Deleware Ave., S.W.

3. NAME OF DECEASED (Type or Print): (First) DORIS (Middle) (Last) ALSTON

4. DATE OF DEATH: (Month) July (Day) 5th (Year) 1949

5. SEX: female

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2/9/23

9. AGE last birthday: 26 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clyde Alston

14. MOTHER'S MAIDEN NAME: Lillie Mae Atwaters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: (lost)

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous meningitis	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	27 mos
	(c)	

0021
131

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 19 48, to 7/5, 19 49, that I last saw the deceased alive on 7/5, 19 49, and that death occurred at 8 30 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Pinucane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 7/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Washington DC — DATE 7-5-49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 5 1949 — REGISTRAR'S SIGNATURE: Rowland S Phillips

24. FUNERAL DIRECTOR: Morris A. Carter — ADDRESS: 600-2nd St, SW

RECEIVED
JUL 12 1949
BUREAU V. S.

Evidence for addition of #2,13,14, taken from birth cert. shown on:

FILM No. G 121 JUL 28 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07007

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) Montgomery Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Armiger

4. DATE OF DEATH (Month) July (Day) 25 (Year) 19 48

5. SEX Female

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 7/24/49

9. AGE last birthday yrs.

If under 1 year Months / Days

If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter Hamilton Armiger

14. MOTHER'S MAIDEN NAME Gladys Virginia Johns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Atelectasis — 1/2 hr.

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — one hour.

(c) Premature labor. Cause undetermined

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Michael J. Buckley D. 8016 Georgetown Rd Bethesda Md.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 7/26/49

NAME OF CEMETERY OR CREMATORY Prince Georges General Hospital

LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D BY LOCAL REG. 7/27/49

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR A R Bosley Supt. ADDRESS Cheverly Md.

VS. A15

RECEIVED
JUL 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

67008

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL); LENGTH OF STAY (in this place) 2 yrs., 29 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 726- Kennilworth Terrace, N.E.

3. NAME OF DECEASED (Type or Print): (First) EDDIE (Middle) LEWIS (Last) BOONE

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5/29/21

9. AGE last birthday: 28 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station laborer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Emporia, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry Boone

14. MOTHER'S MAIDEN NAME: Anna Myrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 225-16-6756

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary Tuberculosis — Interval Between Onset and Death: 4½ yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1947, to 7/1, 1949, that I last saw the deceased alive on 7/1, 1949, and that death occurred at 8 30 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 7/1/49

23. BURIAL, CREMATION REMOVAL (Specify) removal; DATE 7/2-49; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State) Emporia Va

DATE REC'D BY LOCAL REG. 7/2/49; REGISTRAR'S SIGNATURE Rowland S. Phillips; 24. FUNERAL DIRECTOR J. C. Bond; ADDRESS 558 Holyoke St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07009

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) D.O.G.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3711 - Allison St.

3. NAME OF DECEASED (Type or Print) (First) Noah (Middle) Sinclair (Last) Bradford
4. DATE OF DEATH (Month) July (Day) 9 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Apr 21, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired fireman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME William R. Bradford
14. MOTHER'S MAIDEN NAME Ida May Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs Jessie Bradford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

4201

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Examiner - Cheverly Hyattsville Md 7-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/12/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. July 11, 1949
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Taschesone Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07010

CERTIFICATE OF DEATH

Reg. Dist. No. 2455

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellsville | LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellsville Md
STREET ADDRESS (If rural give location) Enterprise Rd

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) RUTH (Last) BRADY

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 19 49

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: may 30, 1872

9. AGE Last birthday: 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (unknow) Gilcrest

14. MOTHER'S MAIDEN NAME: (unknown) Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Raymond L. Brady (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia and Toxemia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis, Hypertension	2 years
	(c) Cerebral Hemiplegia, Cerebral Softening.	

442
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 49 to June, 19 49, that I last saw the deceased alive on June 22, 19 49 and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert Roth, M.D.		5507 Madison St, Riverdale, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/11/49	Addison Chapel	Seat Pleasant	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10, 1949	James Seay	F. Tasch Sons	Hyattsville Md

VS. A15

RECEIVED
JUL 16 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07011

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen'l Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Branchville, Maryland
STREET ADDRESS (If rural, give location): @ 3 20 m

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) M (Last) Brady
4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1949
5. SEX: F
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 29, 1870
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Basil Gates
14. MOTHER'S MAIDEN NAME: Annie Garner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT: Garner Brady

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterio-sclerotic vascular	2 mos +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) disease c̄rt. hemiplegia	
	(c) Hypostatic Pulmonary Congestion	3 dys

334
83d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: Cholelithiasis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1949, to 7-29, 1949, that I last saw the deceased alive on 7-29, 1949, and that death occurred at 3 20 m., from the causes and on the date stated above.

SIGNATURE: C. L. Etienne (Degree or title) — ADDRESS: Berwyn, Md — DATE SIGNED: 7-30-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/1/49
NAME OF CEMETERY OR CREMATORY: St Anns
LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: Aug 1st 1949
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F Gasch's sons Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07012

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1355 Ives Place S.E.

3. NAME OF DECEASED (Type or Print) (First) Glenn (Middle) (Last) Britton

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 2, 1897
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transportation Specialist
10b. KIND OF BUSINESS OR INDUSTRY Dept of Army
11. BIRTHPLACE (State or foreign country) Quitman, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A. Britton
14. MOTHER'S MAIDEN NAME Maude Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 10/11/18 to 12/10/18
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.0 Immediate cause (a) Acute cardio-respiratory failure

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Polycystic Kidney - cerebral arterio-sclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Deputy Medical Examiner Cheverly Hyattsville 7-13-49

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF July 18 1949
NAME OF CEMETERY OR CREMATORY Arlington Natural
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. July 14, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Lee of Hood 3004 th St ME D.C. ADDRESS
Home

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Xn Wm. Clark

RECEIVED
JUL 16 1949
BUREAU V. S.

Evidence for addition of #21 shown on:

07013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

FAM No. 6 121 AUG 23 1949

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn Hgts. — LENGTH OF STAY (in this place): 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn Hgts
STREET ADDRESS (If rural, give location): 8418 Cunningham Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): KATHLEEN E. BROWN
4. DATE OF DEATH (Month) (Day) (Year): July 12 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 16. 1868
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Flemming
14. MOTHER'S MAIDEN NAME: Ellen Flemming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) Generalized Arteriosclerotic C-V-Disease ?

Antecedent cause(s) 1860 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus ?

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured lft femur & lft humerus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Fractured lft femur
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? Fell down 2 steps in home in the dark

22. I hereby certify that I attended the deceased from May 5, 1949, to July 12, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 1 P m., from the causes and on the date stated above. 8/22/49 also

SIGNATURE (Degree or title): David S. Blayman, MD — ADDRESS: 6311 Balto Ave Riverdale Md — DATE SIGNED: 7/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 15, 1949 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: July 12, 1949 — REGISTRAR'S SIGNATURE: Amanda Hawney
24. FUNERAL DIRECTOR: J. William Lee's Sons Co. — ADDRESS: 300-4th St. N.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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7/12/49

Coroner
Dr. John T. Maloney
advised of this case
+ approved by him.
D J Clayman MD

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07014

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anacostia
STREET ADDRESS (If rural, give location) U.S. Naval Air Station

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Michael (Last) Brug
4. DATE OF DEATH (Month) July (Day) 29 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-10-29
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographers Mate
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
11. BIRTHPLACE (State or foreign country) Brooklyn, N.Y.
12. CITIZEN OF WHAT COUNTRY USG

13. FATHER'S NAME ? Brug
14. MOTHER'S MAIDEN NAME Grace Blaise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Duty Officer - Naval Air Station

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

866.1 Immediate cause (a) Hemorrhage & shock.

173 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of skull.

(c) Aeroplane crash

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Lanham (COUNTY) Pr. Geo (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-29-49 7:15 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Crash of private aeroplane

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John T. Maloney M.D. Dep. Med. Exam. ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 7-29-49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF July 29, 1949
NAME OF CEMETERY OR CREMATORY Naval Hospital
LOCATION (City, town, or county) (State) Bethesda Md

DATE REC'D BY LOCAL REG. July 29/49
REGISTRAR'S SIGNATURE Amanda Downey Carrie Campbell - J.
24. FUNERAL DIRECTOR Government ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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AUG 12 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07015

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Rural - Forestville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 mos

Hospital, institution, or street address where death occurred:
6201 - Ritchie Rd. Wash. 19 - D.C.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~23 July 49~~ Maryland County: P. G.

City or town: Rural - Forestville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1 mile north
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Percival Burroughs

3.(b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Adeline Burroughs

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): May 13, 1867

8. AGE: Years: 82 Months: 2 Days: 10 If less than one day: ..... hrs. ..... min.

9. Birthplace: Croom, P. G. Co Md
(Town, county, and state)

10. Usual occupation: Agriculture

11. Industry or business: Farmer - Ret

FATHER
12. Name: John William Burroughs
13. Birthplace: Croom, Md

MOTHER
14. Maiden name: Mary Emily Posey
15. Birthplace: Rockville, Md

16. Informant: Mrs Percival Burroughs
Address: 6206 Ritchie Rd Wash 19, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 26, 1949 (month) (day) (year)

Cemetery or crematory: St. Thomas

Location: Croom, P. G. Co. Md.

18. Funeral director: Ritchie Bros.

Address: Upper Marlboro, Md.

19. July 26 1949 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 23 July 1949, at 2 45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 1946, to 23 July 1949 and that I last saw him alive on 21 July 1949

Immediate cause of death: Cachexia — DURATION: 2 mos

Due to: Carcinoma of Prostate & metastases — Unk

Due to:

Other conditions: Hypertension, mild chronic cardiac decompensation
(Include pregnancy within 3 months of death)

Major findings of operations: 177 51b Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert B. Sasser M. D. ~~or other~~

Address: Upper Marlboro, Md Date signed: 23 July 49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17016 Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Home 5805 Queens Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodstock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Cavey

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: February 6, 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months 2 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nee Maryland

14. MOTHER'S MAIDEN NAME: Nancy - Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Sacred Heart Home (Sr. Claretta)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Cerebral Embolus — 10 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 2 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to July 12, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas F Collins M.D. 322 H St NE 7-12-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

July 15/49 St. Alphonsus Woodstock Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

July 12, 1949 James Seavy R. C. Higginbotham Ellicott City

VS. A15

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17017

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 801 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 801 Main Street

3. NAME OF DECEASED (Type or Print): (First) Fredrick (Middle) — (Last) Chadburn
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: June 11, 1863
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Chadburn
14. MOTHER'S MAIDEN NAME: Elizabeth Archer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: 801 Main Street, Laurel, Md — Mrs. Albert G. Craig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Heat Exhaustion — 2 days

191 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Senility — 6 months
(c) arteriosclerosis, generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 1909
19b. MAJOR FINDINGS OF OPERATION: appendicitis, acute catarrhal
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ND
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1948, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE: John E Stephens — (Degree or title) M.D. — ADDRESS: 305 Prince George St., Laurel — DATE SIGNED: July 5, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): burial
DATE THEREOF: 7-8-49
NAME OF CEMETERY OR CREMATORY: OAKLAND CEMETERY
LOCATION (City, town, or county) (State): YONKERS, N.Y.

DATE REC'D BY LOCAL REG.: 7/6/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR — ADDRESS: HENRY SANDER & SONS, INC. BALTIMORE - 13, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

TN 07018

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CORNEALIOUS WINFIELD CHASE

4. DATE OF DEATH (Month) (Day) (Year): July 1 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/8/1885

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Odenton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Chase

14. MOTHER'S MAIDEN NAME: Susanna Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Samuel Chase Davidson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	2 h.
Antecedent cause(s)	(b) Left homolateral hemiplegia	5 d.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	?

334

83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1949, to 7/1/, 1949, that I last saw the deceased alive on 7/1/, 1949, and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE: William R. Bungh (Degree or title) M.D. ADDRESS: Laurel, Md. DATE SIGNED: 7/1/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 7/5/49 NAME OF CEMETERY OR CREMATORY: Bethel LOCATION (City, town, or county) (State): Ft Geo Meade Md

DATE REC'D BY LOCAL REG.: July 2nd 1949 REGISTRAR'S SIGNATURE: R.W. D.W. Hedrick

24. FUNERAL DIRECTOR: William Cook Inc ADDRESS: 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07019

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Glenn Dale
LENGTH OF STAY (in this place): 6yrs., 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 526 - 8th St. N. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERBERT	C.	CLARK	JULY	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	October 3, 1883	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cement Finisher		Waynsboro, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas J. Clark	Lucy Ann Herring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	579-01-5765	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	7½ yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 7, 1943, to July 30 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 11:55 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M. D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	July 30, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removal	July 30, 1949		Washington D.C.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/30/49	Rowland S. Phillips	J. Wm. Lee's Sons Co.	4th + Mass. N.E. Washington D.C.

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

TN 117020

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
STREET ADDRESS (If rural give location) R. F. D. ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDWARD (Last) COOLEY

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 24, 1876

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Barnesville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard E. Cooley

14. MOTHER'S MAIDEN NAME: Louise Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. O. B. Cooley, Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Bronchopneumonia (hypostatic)	2 days
Antecedent cause(s)		
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 2 Lo P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bernard A. Fitzgerald	MD	832 Malcolm Dr. S.S. Md	4 July 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 6, 1949	St. Mary's Cemetery	Barnesville,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 5 1949	John D Smith	J. Arthur Walters,	254 Carroll St. NW Wash DC

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

07021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4517--32nd Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4517--32nd Street

3. NAME OF DECEASED (Type or Print) (First) FRANKLIN (Middle) PIERCE (Last) CROSON

4. DATE OF DEATH (Month) July (Day) 7th, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3/6/1871
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Fairfax, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Pierson Croson
14. MOTHER'S MAIDEN NAME Luciana Gheen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY NO. None
17. INFORMANT Olive A. Croson (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	3 days
422.1 Antecedent cause(s)	(b) Degenerative Heart disease c̄	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) generalized arteriosclerosis	5 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1948, to July 7, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert G. Brandes, M.D. ADDRESS 135 R.I. AVE., N.E. DATE SIGNED July 7, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 9/1949
NAME OF CEMETERY OR CREMATORY Mt. Hope Church Cem.
LOCATION (City, town, or county) (State) Waxpoole, Loudon Cty. Va.

DATE REC'D BY LOCAL REG. July 7 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR ADDRESS W.W.Chambers Company, Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

17022

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4205 - 14 Kennedy St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4205 - 14 Kennedy St

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) William (Last) Cullen

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	Apr. 23, 1894	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Production Manager	U.S.A.	Connecticut	U.S.A.

13. FATHER'S NAME: Matthew J. Cullen

14. MOTHER'S MAIDEN NAME: Elizabeth Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Maybelle Cullen - Wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 4201 / 1310	(b) Cardiovascular renal disease -	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

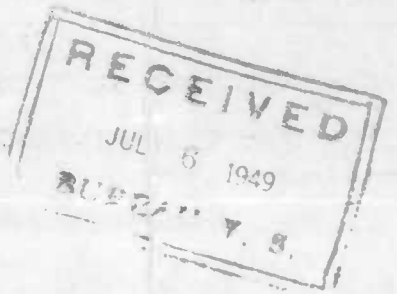
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D. Dep. Md. Exam.	Cheverly-Hyattsville, Md.	July 3, 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/4/49		Marlboro, Comp.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 4, 1949	James Devery	Wm J. Talley - 3200 - R. I. ave. Mt. Rainier, Md.	


RECEIVED
JUL 6 1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07023

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Pr. Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Culver
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1949

5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, X WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 2 1690
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Pr. Geo Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Culver
14. MOTHER'S MAIDEN NAME Elizabeth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	??
	(c) Hypertensive Cardio-vascular Disease	??

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1948, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE T. Richard Conner, M.D. (Degree or title) ADDRESS Bowie, Md. DATE SIGNED July 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-5-49
NAME OF CEMETERY OR CREMATORY Pleasant Grove
LOCATION (City, town, or county) Pr. Geo (State) Md

DATE REC'D BY LOCAL REG. July 5, 1949
REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling
24. FUNERAL DIRECTOR Martin Fladung Sons
ADDRESS Bowie Md

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07024

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5504-43 Ave

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) JOSEPH (Last) DARNALL

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/8/1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin C Darnall
14. MOTHER'S MAIDEN NAME Elizabeth Kearney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT John Darnall (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive and arteriosclerotic heart disease	5 years
	(c) Pyelitis	2 years

420.0
93 d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9, 1949, to 7-15, 1949 that I last saw the deceased alive on 7-15, 1949 and that death occurred at 6.50 P. m., from the causes and on the date stated above.

SIGNATURE R.S. Bauer M.D. (Degree or title) M.D. ADDRESS 4314 Gallatin St. DATE SIGNED 7-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/17/49
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. July 18, 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07025

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 4402 - 13th St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Armen (Middle) Howe (Last) Delalian

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: June 22 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ARMENIA

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Margaret Delalian (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

452 **Immediate cause** (a) Subarachnoid Hemorrhage — 13 days

96 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) aneurysm of left Internal Carotid — 13 days.

(c) artery.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1949, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel J. Sugar MD 4300 Kaywood Dr Mt Rainier Md July 2, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 7/6/49 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery | LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REG. 7/3/49 | REGISTRAR'S SIGNATURE: Amanda Mooney

24. FUNERAL DIRECTOR ADDRESS: The S.H. Hines Co., 2901-14th St. NW Washington, D.C.

RECEIVED
JUL 5 1949
BUREAU V. S.

07026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242.

1. PLACE OF DEATH:

County: Prince George County

City or town: District Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County:

City or town: District Heights Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2800 78th Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Margaret Dockhorn Dockhorn

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

8.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Ferdinand

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 31, 1870

8. AGE: Years 79 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER

12. Name: John Fulhmer

13. Birthplace: Germany

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Mr Louis H Dockhorn

Address: 2800 78th Ave. District Height

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21, 49 (month) (day) (year)

Cemetery or crematory: Woodland Cem Des Moines Iowa

Location: Des. Moines Iowa

18. Funeral director: W. W. Chambers Company

Address: 517 11th St. SE

19. July 21 1949 (Date rec'd by registrar) Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1949 at 2:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1949 to July 21 1949 and that I last saw her alive on July 20 1949

Immediate cause of death: Cerebral Hemorrhage (with Rt side Paralysis)

Due to: General arterio Sclerosis

Due to: —

Other conditions: 331 830

(Include pregnancy within 3 months of death)

DURATION: 3 days

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: Paul C Van Natta M. D. or other

Address: Washington 19 DC Date signed: July 21 1949

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Ep 6115
Everett
Extension 2454

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

117027

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P.G. County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.; STREET ADDRESS (If rural, give location) 5307 - 42nd. Ave.

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) (Last) Doolan

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1949

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced — 8. DATE OF BIRTH Feb. 11, 1894 — 9. AGE last birthday 55 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk — 10b. KIND OF BUSINESS OR INDUSTRY Southern Dairy Inc — 11. BIRTHPLACE (State or foreign country) D.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis A. O'Brien — 14. MOTHER'S MAIDEN NAME Annie Condon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. 217-09-2563 — 17. INFORMANT Mrs Lorretta Campbell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Cardiac failure — 6-29-49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

6.1 (b) Coronary heart disease — to 7-2-49

(c) Coronary thrombosis - myocardial infarct

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, hypertension

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

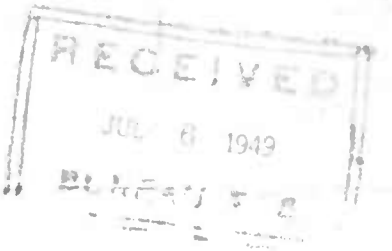
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1944, to 7-2, 1949, that I last saw the deceased alive on 7-2, 1944, and that death occurred at 3:10 P m., from the causes and on the date stated above.

SIGNATURE W.H. Bauer M.D. (Degree or title) — ADDRESS 4314 Gallatin St. Hyattsville Md. — DATE SIGNED 7-2-49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 7/5/49 — NAME OF CEMETERY OR CREMATORY Mt Olivet — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 7/4/49 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR J. Gaschen Sons — ADDRESS Hyattsville Md


RECEIVED
JUL 8 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17028

Reg. Dist. No. 239

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 209 11th St

3. NAME OF DECEASED (Type or Print): (First) ~~Elizabeth~~ Catherine (Middle) Elizabeth (Last) DORSEY

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/12/1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Anne Arundel Co Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin Fisher

14. MOTHER'S MAIDEN NAME: Eliza Gaslet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
447	Immediate cause	(a) Ventricular fibrilation	10 min.
	Antecedent cause(s)	arteriosclerosis	10 years
43a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cheyne-Stokes syndrome	1½ mo.
		Hypertension	10 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious anemia — 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1949, to July 21, 1949, that I last saw the deceased alive on July 21, 1949, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William R. Burgf. M.D. 305 E. George St. Laurel, Md 7/21/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 24 1949 — NAME OF CEMETERY OR CREMATORY: Ivy Hill — LOCATION (City, town, or county) (State): Laurel Md

DATE REC'D BY LOCAL REG. July 23 49 — REGISTRAR'S SIGNATURE: M. Bradeard

24. FUNERAL DIRECTOR: Ridgely Selby — ADDRESS: 401 Washington Laurel Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 20 1949
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07029

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount Heights
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount Heights
STREET ADDRESS (If rural, give location): 804 58th avenue

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Dorsey

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 4, 1915

9. AGE last birthday: 33 years — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ruebin Tolliver

14. MOTHER'S MAIDEN NAME: Mammie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 579-18-3025

17. INFORMANT: James Dorsey (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Acute congestive heart failure

93x **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | **PLACE (Home, farm, factory, street, office bldg., etc.)** OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Examiner	Cheverly-Hyattsville, Md	7-21-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 24, 1949	Washington, D. C.	4339 Hunt Pl. NE Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 21, 1949	Amanda P. Luney	Rollins Funeral Home	4339 Hunt Pl. NE

RECEIVED
JUL 25 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

(17-31)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, Maryland
STREET ADDRESS (If rural, give location) 4006 - 35th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillie	E	Earnest	July 4	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Aug. 23, 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): V
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Clay Dillon
14. MOTHER'S MAIDEN NAME: Lucy Ann Akers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Frank Stephens, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 2 mo. 16 dys.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 years

(c)

430.0 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis Both Legs — 8 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1949, to 7-27, 1949, that I last saw the deceased alive on 7-26, 1949 and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Moyer	M.D	Mt. Rainier Md	7-27-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	July 28, 1949	Lynchburg, Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27, 1949	Amanda Downey	Thos. S. H. Kinsey Co.	2901-14th St. N.W. Washington D.C.

VS. A15

RECEIVED
JUL 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07631

Reg. Dist. No. 745

1. PLACE OF DEATH:
County: Prince Georges
City or town: Hyattsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 yrs.
Hospital, Institution, or street address where death occurred: Sacred Heart Home
How long in hospital or institution? 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: DC County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 115-7th St. N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Mary R. Ewing

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 5-7-1861

8. AGE: Years: 88 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: Philomen Ewing
13. Birthplace: Ohio

MOTHER
14. Maiden name: Mary Gillespie
15. Birthplace: Pa.

16. Informant: Sacred Heart Home
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8, 1949 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Wash. D.C.

18. Funeral director: Wattles Funeral Home
Address: 301 E. Cap St.

19. 7/6 1949 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6 1949 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1949, to July 6 1949 and that I last saw h... alive on July 5 1949

Immediate cause of death	DURATION
Hypostatic pneumonia	6 days
Arteriosclerotic heart disease	5 years
Due to	
Due to 420.0	
932	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Thomas F Collins M. D. or other
Address: 322 H St NE Date signed: 7-6-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 9 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07032

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges Co., ~~Glenn Dale (Rural)~~ MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL) — LENGTH OF STAY (in this place) 5 yrs. 8 mo., 4 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) #12 DeFrees St., N.W. (10/43) ✓

3. NAME OF DECEASED (Type or Print)	(First) DOMINIC	(Middle) J	(Last) FLETCHER	4. DATE OF DEATH	(Month) July	(Day) 1	(Year) 1949
5. SEX male	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 1/11/96	9. AGE last birthday 53 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY –	11. BIRTHPLACE (State or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Louis Fletcher	14. MOTHER'S MAIDEN NAME Mary Simmons						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT decedent					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) pulmonary tuberculosis	10 yrs
002 Antecedent cause(s)		
46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of esophagus	4 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1943, to 7/1, 1949, that I last saw the deceased alive on 7/1, 1949, and that death occurred at 7 45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Md.	7/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/5-1949	NAME OF CEMETERY OR CREMATORY Pane's Cemetery	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 7/2/49	REGISTRAR'S SIGNATURE J T Shuck Rowland S. Philips	24. FUNERAL DIRECTOR 30 H N E	ADDRESS Washington, DC

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

67033 231

Reg. Dist. No. 765

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 14 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Columbus Ohio
STREET ADDRESS (If rural, give location) 880 Harrison Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	JOSEPH	GAITTEN	July	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	2/19/1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	Electrician	scotland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Gaitten	Anna Donnley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs Charles Fowler (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock — 816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest — 170c

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public highway	(CITY OR TOWN) Laurel	(COUNTY) Prince Georges	(STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
July 8, 1949 7 p.m.		Collision with trailer-tractor

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Md. Examr.	Cheverly-Hyattsville, Md.	7-9-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
transportation	7/9/49	St Joseph	Columbus	Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/9/49	Amanda Downey	F. Gasche sons	Hyattsville Md.

VS. A15A

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07034

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Clinton
LENGTH OF STAY (in this place) 79 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton - rural - Piscataway Rd. G.
STREET ADDRESS (If rural give location) Box 449

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Gallahan
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH April 16, 1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Piscataway
12. CITIZEN OF WHAT COUNTRY? U. S
13. FATHER'S NAME Wm Alton Marshall Gallahan
14. MOTHER'S MAIDEN NAME Mary Jane Clubb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Donald Kenlon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial pneumonia	2 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cerebral hemorrhage	7 da
	(c) Senility	

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 8:30P m., from the causes and on the date stated above.

SIGNATURE James W. Braden (Degree or title) M.D. ADDRESS Clinton Md. DATE SIGNED 7-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/30/49
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) Piscataway (State) Md
DATE REC'D BY LOCAL REG. 7/30
REGISTRAR'S SIGNATURE Mrs. Alton Davis
24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
AUG 3 1949
BUREAU V. S.

07035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood, Maryland
STREET ADDRESS (If rural, give location) 4102 41st St.

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) Giles (Last) Gambin

4. DATE OF DEATH (Month) July (Day) 9 (Year) 1949

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 11, 1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James H. Snow
14. MOTHER'S MAIDEN NAME Elizabeth Tweedale.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Joseph A. Prince

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	7/7/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	7/6/49
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1949, to 7/9, 1949, that I last saw the deceased alive on 7/9, 1949, and that death occurred at 4 p. m., from the causes and on the date stated above.

SIGNATURE George J. Hageage (Degree or title) ADDRESS 3711-38th Ave DATE SIGNED 7/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/12/49
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) Washington (State) Ill

DATE REC'D BY LOCAL REG. July 11, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha Sons' Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

07036

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (In this place) 2 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4601 Guilford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4601 Guilford Place

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edward (Last) Gentile
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH Mar. 17, 1949
9. AGE last birthday yrs. If under 1 year Months 3 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Takoma Park, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles A. Gentile, Jr.
14. MOTHER'S MAIDEN NAME Nancy Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0 Immediate cause (a) Asphyxia due to suffocation

182 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) College Park (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) July (Day) 6 (Year) 1949 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Infant was suffocated while lying face down in crib

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney M.D. Dep. Med. Examiner (Degree or title) ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 7-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 7, 49
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Beltsville (State) Md

DATE REC'D BY LOCAL REG. July 7, 1949
REGISTRAR'S SIGNATURE James Sevry
24. FUNERAL DIRECTOR F. Gasche Sons Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

97037

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4609-46th ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural give location): 4609-46th. Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Good

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1949

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2/2/07

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wesley Good

14. MOTHER'S MAIDEN NAME: Henrietta Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Grace Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of uterus — Interval between onset and death: 19 mos.

174 Antecedent cause(s)

480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1945 to July 7, 1949, that I last saw the deceased alive on 7-6, 1949, and that death occurred at 9. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jun and Hays M.D. Hyattsville Md. 7-7-49

23. BURIAL, CREMATION / REMOVAL (Specify): Removal — DATE: July 7 1949 — NAME OF CEMETERY OR CREMATORY: Jarvis Funeral Home — LOCATION (City, town, or county) (State): 1432 You St NW Wash DC

DATE REC'D BY LOCAL REG.: July 7 1949 — REGISTRAR'S SIGNATURE: James Seay

24. FUNERAL DIRECTOR: W. Ernest Jarvis Co. — ADDRESS: 1432 You St., NW

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JUL 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07038

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 1yr., 3mos., 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 302 S. St. N. E.

3. NAME OF DECEASED (Type or Print): (First) MAGGIE (Middle) (Last) GRAYSON

4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 10, 1920

9. AGE last birthday: 29 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rocky Mount, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Daughtery

14. MOTHER'S MAIDEN NAME: Maggie Battle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1948, to 7-13, 1949, that I last saw the deceased alive on 7-13-, 1949, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: July 13, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: 7/13/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county): to Washington, | (State): D.C

DATE REC'D BY LOCAL REG. 7/13/49 | REGISTRAR'S SIGNATURE: Rowland S Phillips

24. FUNERAL DIRECTOR: W. Ernest Jarvis Co | ADDRESS: 1432 You St NW

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07039

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — LENGTH OF STAY (in this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Grayson

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 26 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - P.O.W. Watchman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Grayson

14. MOTHER'S MAIDEN NAME: ~~Leona Porter~~ Mary Ann Colbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 717-07-6859

17. INFORMANT: Leona Porter (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Cardiovascular renal disease

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J Maloney M.D. Dep. M.E. Exam. Cheverly Hyattsville Md 7-25-49.

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF July 27, 1949 — NAME OF CEMETERY OR CREMATORY Ascension — LOCATION (City, town, or county) (State) Bowie Pr. Geo Md

DATE REC'D BY LOCAL REG. July 26, 1949 — REGISTRAR'S SIGNATURE Mrs. Agnes M. Giegling

24. FUNERAL DIRECTOR Martin Hadaway Sons — ADDRESS Bowie Md

RECEIVED
JUL 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07040

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY: Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (in this place): 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital	STREET ADDRESS (If rural, give location): 1677 FORT DUPONT ST., S.E.

3. NAME OF DECEASED (Type or Print)	(First) Baby	(Middle) Girl	(Last) Hale	4. DATE OF DEATH	(Month) July (Day) 19 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 7-7-49	9. AGE last birthday: yrs.	If under 1 year: Months. Days 12 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: ?		14. MOTHER'S MAIDEN NAME: LILLIAN JOSEPHINE HALE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If year, give war or dates of service)	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: HOSP. CHART		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
776 Immediate cause	(a) Prematurity	12 days
Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7-7-, 1949, to 7-19-, 1949, that I last saw the deceased alive on 7-12-, 1949, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. L. Purdy, M.D.	M.D.	1503 Good Hope Rd., S.E.	7-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7/22/49	NAME OF CEMETERY OR CREMATORY: Evergreen	LOCATION (City, town, or county) (State): Bladensburg Md
DATE REC'D BY LOCAL REG.: July 22, 1949	REGISTRAR'S SIGNATURE: James Sevey	24. FUNERAL DIRECTOR: F. Gascha sons Hy	ADDRESS: Attsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07041 231

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ardmore, Md.
LENGTH OF STAY (In this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ardmore Md.
STREET ADDRESS (If rural give location): Landover P.O. Rte #1

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) [illegible] (Last) Hardesty

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 25th, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months 2 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: William Dare

14. MOTHER'S MAIDEN NAME: Barbara Jane Dare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Edward Lake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute Cardiac Failure

420.0 Antecedent cause(s)

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Arteriosclerotic Heart Disease

(c): Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1947, to 7-1, 1949, that I last saw the deceased alive on 6-30, 1949, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dean H. Harding M.D.

ADDRESS:

DATE SIGNED: 7-1-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: July 5, 1949

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR'S REG.: July 1, 1949

REGISTRAR'S SIGNATURE: James Devery
Amanda Downey

24. FUNERAL DIRECTOR: Martin W. Tysons & Co.

ADDRESS: 1300 F. St. N.W. Wash. 5, D.C.

RECEIVED
JUL 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17042

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges Co. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Prince Georges — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural, give location): 4616 College Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wirt		Harrison	7	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	6-3-1881	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate	Retired	U.S.A. Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wirt Harrison	Martha Addison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Wife Mellora Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute heart failure	9 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic and hypertensive heart disease	? years
938	(c) Benign prostatic hypertrophy	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-18, 1949 to 7-7, 1949, that I last saw the deceased alive on 7-7, 1949 and that death occurred at 3:35 P.m., from the causes and on the date stated above.

SIGNATURE: R. Bauer M.D. — (Degree or title): M.D. — ADDRESS: 4314 Gallatin St. — DATE SIGNED: 7-7-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/8/49	Ft Lincoln	Colmar Manor	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
7/8/49	Amanda Downey	F Rascha & Son Hyattsville Md

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

17043

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS 4719 (If rural, give location) Rittenhouse St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHN WILLIAM HEINICKE

4. DATE OF DEATH (Month) (Day) (Year) July 5 1949

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5/28/1908
9. AGE last birthday: 41 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: own store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Heinicke
14. MOTHER'S MAIDEN NAME: Mary Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Lucretia Heinicke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	
162 Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of right lung with	?
	(c) Generalized metastases	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatic mitral heart disease	?

19a. DATE OF OPERATION: April 28, 1949
19b. MAJOR FINDINGS OF OPERATION: Widespread carcinoma involving Mediastinum
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1949, to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 10:25 A m., from the causes and on the date stated above.

SIGNATURE: David S. Claymar (Degree or title) M.D. ADDRESS: 6311 Balto. Ave Riverdale, Md DATE SIGNED: 7/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 5/8/49 NAME OF CEMETERY OR CREMATORY: Lt Lincoln LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: July 8, 1949 REGISTRAR'S SIGNATURE: James Severy
24. FUNERAL DIRECTOR: F Rasche Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17744

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (In this place): 1mo., 12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1002 G. St. N. E.

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) R (Last) HOOKER

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 28, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arlington, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Hooker

14. MOTHER'S MAIDEN NAME: Matilda Baiir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 577-07-5481

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: 3 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) — Interval between onset and death: 9 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1949, to 7-7, 1949, that I last saw the deceased alive on 7-7-, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finnicane MD — ADDRESS: Glenn Dale Md. — DATE SIGNED: July 7/49

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 7/9/49 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince Georges County Md.

DATE REC'D BY LOCAL REG.: July 7, 1949 — REGISTRAR'S SIGNATURE: Rowland S. Phillips — 24. FUNERAL DIRECTOR: W W Chambers Co — ADDRESS: 517-11½ St S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

17045

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 ft. South of Montgomery on 8th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 136 Laffayette Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Hutchinson

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 24, 1875

9. AGE Last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teamster

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Juseph Hutchinson

14. MOTHER'S MAIDEN NAME: Lucinda Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Span. Am.

16. SOCIAL SECURITY No.

17. INFORMANT: Mary a Hutchinson, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

434.1 **Immediate cause** (a) Acute congestive heart failure

93e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Excessive heat.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Malone M.D. Depuety Medical Examiner- Hyattsville 7-30-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 3, 1949
NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cem.
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug 2-1949
REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: De Witt Donaldson, Laurel, Md
ADDRESS

VS. A15A

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

17646

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlbow | LENGTH OF STAY (in this place) 2 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY Wayne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elmetrice (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 10 1949

9. AGE last birthday: yrs. | If under 1 year: Months 3 | Days 13 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.C.?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Douglas Jackson

14. MOTHER'S MAIDEN NAME: Helen Monk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Douglas Jackson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
772.0 **Immediate cause**	(a) Pneumonia	
119.2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Ford	M. D.	Forestville Md	7-23-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 25 1949		Goldsboro, N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 24 1949	R Bruce Smith	G. B. Johnson	Annapolis, Md.

RECEIVED
JUL 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17047

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince George's — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 1mo., 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 412 - Eastern Avenue N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ignatius	J.	Jackson	July	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Married	June 24, 1913	36 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Orange, Virginia	U. S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Jackson	Alberta Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		?	Decedent

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
015 Immediate cause	(a) Tuberculous peritonitis	5 months
Antecedent cause(s)		
15 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Caseous (tuberculous) mesenteric lymph-adenitis with rupture.	? unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/15, 1949, to 7/21, 1949, that I last saw the deceased alive on 7/20, 1949, and that death occurred at 640 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Pinicane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	July 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/21/49		To Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/21/49	Rowland L. Phillips	W. Ernest Jarvis & Son	4125 Gon Pl NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17848

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5989 Rollins Ave, MARYLAND — LENGTH OF STAY (in this place) 31 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 5989 Rollins Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant — STREET ADDRESS (If rural give location) 5989 - Rollins Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) KIDD

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/10/1876

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fidd

14. MOTHER'S MAIDEN NAME: Fannie Connors

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: 51807-3777

17. INFORMANT: Herbert H. Fidd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 4 years

Antecedent cause(s)

4166 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. my ocarditis -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to July 18, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 4:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Luther E. Stone Med. 3417 Minnesota Ave S.E. D.C. 7-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/20/49 — NAME OF CEMETERY OR CREMATORY: Mark National Cemetery — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 7/19/49 — REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: Wm J. Talley — ADDRESS: 3200-B R.I. ave, Mt. Rainier, Md

RECEIVED
JUL 22 1949
TAU Y. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07049

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dodge Park, Md. — LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Landover, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dodge Park, Md.
STREET ADDRESS (If rural give location): P.O. Landover, Md.

3. NAME OF DECEASED (Type or Print) (First) Mary Elizabeth (Middle) Lewis (Last)

4. DATE OF DEATH (Month) July (Day) 19 (Year) 49

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 25 1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months 3, Days 23 — If under 24 hrs.: Hours, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? Prince Geo.

13. FATHER'S NAME: Frances McCartney Barron
14. MOTHER'S MAIDEN NAME: Amanda Sint

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Daniel Barron

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure July 16/49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatoid arthritis 10 yrs duration

(c) Fracture of right femur July 11/49

904.0
186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Dodge Park — (COUNTY) Prince Geo. — (STATE) Md.
TIME OF INJURY (Month) July (Day) 11 (Year) 1949 (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from July 11, 1949 to July 19, 1949, that I last saw the deceased alive on July 17, 1949 and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE: R. Apgar M.D. (Degree or title) P.O. Seat Pleasant Md. (ADDRESS) Bock Lodge Md. — DATE SIGNED July 19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/21/49 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county): Colmar Manor Md. (State)

DATE REC'D BY LOCAL REG.: July 19/49 — REGISTRAR'S SIGNATURE: Amanda Downey — 49 Carrie F. Campbell

24. FUNERAL DIRECTOR: F. Tasch's sons — ADDRESS: Hyattsville Md

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07050

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 10 hr. 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4111 Hamilton St 3 25 AM

3. NAME OF DECEASED (Type or Print) (First) Irvin (Middle) (Last) Matter

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 1 1890
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jonathan Matter
14. MOTHER'S MAIDEN NAME Lizzie Hand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 216-10-5338
17. INFORMANT Mrs Louise A. Matter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1947, to July 11, 1949, that I last saw the deceased alive on July 10, 1941, and that death occurred at 3 25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Deitz M.D. ADDRESS Hyattsville Md DATE SIGNED 7-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/13/49
NAME OF CEMETERY OR CREMATORY St Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. July 13, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasche Son ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07051

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (In this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2208- Perry St., N.E.

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) (Last) MELLON

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12/5/29

9. AGE last birthday: 19 yrs. If under 1 year: Months. 1 year Days. If under 24 hr.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Mellon

14. MOTHER'S MAIDEN NAME: Lorraine Mellon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Tuberculous Meningitis — Interval Between Onset and Death: 46 days

131 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — ? 46 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1949, to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnegan (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 7/5/49

23. BURIAL, CREMATION, REMOVAL (Specify) Washington Nat'l. DATE 7-5-49 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 5/1949 REGISTRAR'S SIGNATURE Rowland S Phillips

24. FUNERAL DIRECTOR Wm J Malley ADDRESS 3200 R.I. Ave. Mt Rainier, Md.

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07052

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant | LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Roosevelt Gen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) Roosevelt Gen

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Henry (Last) Milburn
4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 1949

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Sept 30 1905 | 9. AGE last birthday 43 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanics helper | 10b. KIND OF BUSINESS OR INDUSTRY Capitol Transit | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Morris Milburn | 14. MOTHER'S MAIDEN NAME Sallie Pindell Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 578-10-7014 | 17. INFORMANT Virginia A. Milburn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Acute congestive heart failure

13a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
James T. Boyd M.D. Forestville Md 7-14-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/16/49 | NAME OF CEMETERY OR CREMATORY Christ Episcopal | LOCATION (City, town, or county) (State) Owensville Md

DATE REC'D BY LOCAL REG. July 15-1949 | REGISTRAR'S SIGNATURE Carrie F. Campbell. | 24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS 517 11th St SE

RECEIVED
JUL 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

117053

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Branchville | LENGTH OF STAY (In this place): 9yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince George
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Branchville Md
   STREET ADDRESS (If rural, give location): 5000 apache st

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) DOLORES (Last) MORAN

4. DATE OF DEATH: (Month) July (Day) 8, (Year) 19 49

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: June 8, 1903 | 9. AGE last birthday: 46 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home | 10b. KIND OF BUSINESS OR INDUSTRY: With Home | 11. BIRTHPLACE (State or foreign country): Minnesota | 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Martin | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Edward Moran

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

330 **Immediate cause** (a) Intracranial (subarachnoid) hemorr

83a **Antecedent cause(s)** Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b) Stage

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney, M.D. Dep. Med. Examiner - Chevy Hyattsville Md 7-9-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/13/49 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: July 11, 1949 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: E. Geeche & Son | ADDRESS: Hyattsville Md

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie | LENGTH OF STAY (In this place) 40 yrs 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDGAR (Last) MULLIKIN
4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Married	2/27/1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Govt Printing Office
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John T. Mulliken
14. MOTHER'S MAIDEN NAME: Sophia R. Hutchinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 220-09-3229
17. INFORMANT: Mrs. Mary C. Mulliken

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Carcinoma	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, prostate gland	16 months
	(c) Arteriosclerosis, generalized	10 yrs

177
518

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to July 20, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 3:40 A.m., from the causes and on the date stated above.

SIGNATURE John Stephens (Degree or title) M.D. ADDRESS Laurel, Md. DATE SIGNED 7/29/49

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 7/28/49, | NAME OF CEMETERY OR CREMATORY Bowie Catholic Church | LOCATION (City, town, or county) Bowie (State) Md

DATE REC'D BY LOCAL REG. 7/28/49 | REGISTRAR'S SIGNATURE Amanda Downs / John W. Yingling

24. FUNERAL DIRECTOR T. Leach sons ADDRESS Hyattsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07055

CERTIFICATE OF DEATH

Reg. Diat. No. 765

1. PLACE OF DEATH:
County Prince George
City or town Hyattsville. Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Sacred Heart Home. 10 years
Hospital, institution, or street address where death occurred:
Sacred Heart Home.
How long in hospital or institution? 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Dist Col. County
City or town Washington.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1816 Varnum Ct. N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME ELIZABETH MURPHY.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Widowed

6.(b) Name of husband or wife JOHN MURPHY.
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) about 1863

8. AGE: Years	Months	Days	If less than one day
86			hrs. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual occupation Home
11. Industry or business
FATHER 12. Name PATRICK O'CONNELL
13. Birthplace IRELAND.
MOTHER 14. Maiden name JOHANNA O'CONNELL.
15. Birthplace IRELAND
16. Informant Mr. T. Lawton.
Address 1816 Varnum Ct N.E. Wash. D.C.
17. Removal. (Burial, cremation, or removal. Which?) Date thereof July 29th 1949 (month) (day) (year)
Cemetery or crematory
Location Washington. D.C.
18. Funeral director T. F. Costello.
Address 1722-2 Pa. Ave. Wash. D.C.
19. July 29 1949 (Date rec'd by registrar) James Seay Registror

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1949 at 6 40 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1949 to July 29 1949 and that I last saw h... alive on July 29 1949
Immediate cause of death Arteriosclerotic heart disease 5 years
Congestive heart failure 3 days
Due to
Due to 4500
Other conditions 932
(Include pregnancy within 3 months of death)
Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thomas Hallin M. D. or other
Address 325 H St NE Date signed 7-30-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07056

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4212 Queensbury Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4212 Queensbury Road.

3. NAME OF DECEASED (Type or Print): (First) Wilbur (Middle) Moorhead (Last) Phelps

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: July 8, 1877

9. AGE last birthday: 72 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Laurel, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas William Smith Phelps

14. MOTHER'S MAIDEN NAME: Mary Josephine Colgen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY No.:

17. INFORMANT: Mary Phelps Mitchell - Sister.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extensive Broncho pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep Med Exam. Cheverly (Hyattsville Md. 7-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/1/49 — NAME OF CEMETERY OR CREMATORY: Arlington — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: July 29 1949 — REGISTRAR'S SIGNATURE: James Seney

24. FUNERAL DIRECTOR: F. Gaschs sons — ADDRESS: Hyattsville Md

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc

2411 N. Charles Street, Baltimore

17057

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1031 Wood Heights Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) M. (Last) PRITCHARD

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1948

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Feb. 15, 1857

9. AGE last birthday: 92 yrs. — If under 1 year: Months. — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Carroll Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William A. Buffington

14. MOTHER'S MAIDEN NAME: Ann E. Crabbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Le Page Donaldson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	2 d.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	3 y.
	(c) Fracture left hip	6 y.

332
834

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July, 1948, that I last saw the deceased alive on July 25, 1948, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
William A. Burns M.D. — 305 E. George St. Laurel, Md. — 7/12, 1948

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE July 28, 1948 — NAME OF CEMETERY OR CREMATORY Rigid Ridge Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR July 28 - 1948 — REGISTRAR'S SIGNATURE M. Brashears — 24. FUNERAL DIRECTOR — ADDRESS
LeWitt Donaldson, Laurel, Md.

RECEIVED
JUL 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07058

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Marlyland; COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural give location) Mt. Calvert Rd.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Gilbert (Last) Pumphrey.

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1 1898

9. AGE last birthday: 50 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy Sheriff

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Lambert Pumphrey

14. MOTHER'S MAIDEN NAME: Lillie Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Cicily Pumphrey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	20 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C.V. Disease	3 yrs
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity & Chr Cholecystitis — None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 46, to July 2, 19 49, that I last saw the deceased alive on July 2, 19 49, and that death occurred at 9 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R B Jones MD Upper Marlboro Md 2 July 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 5, 1949

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: July 5 1949

REGISTRAR'S SIGNATURE: R Carl Smith

24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro Md.

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07059

Reg. Dist. No. ~~210~~ 245

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1206 Lebanon.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum, Md
STREET ADDRESS (If rural give location) 1206 Lebanon.

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) Susan (Last) Rennviller
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1949

5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 14 1887
9. AGE last birthday: 61 yrs. If under 1 year: Months 10 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Milton Hughes.
14. MOTHER'S MAIDEN NAME: Sarah Catherine Rosley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO.
17. INFORMANT: Miss Frances L Rennviller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Occlusion — 4/20/49.

(c) Hypertension — 3 yrs.

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? ~~Yes~~ ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/, 1949, to 7/5/, 1949, that I last saw the deceased alive on 7/5/, 1949, and that death occurred at 8.50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard F Morse	MD	28 Carroll Ave Takoma Park Md.	7/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JULY 8 - 49		Moorestown Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-6-49	[illegible]	The S. H. Hines Co.	2901 14th St. N. W. Wash. D.C.

Jas. E. Greene

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07060

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL); LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1318- 6'th, N.W.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) D. (Last) RICHARDSON

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8/11/14

9. AGE last birthday: 34 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Leesville, S.Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ritfield Glover

14. MOTHER'S MAIDEN NAME: Sallie Gatson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 4 mos

002 Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1949, to 7/4, 1949, that I last saw the deceased alive on 7/4, 1949, and that death occurred at 7 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D. | ADDRESS Glenn Dale Sanatorium, Glenn Dale, Md. | DATE SIGNED 7/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Washington DC | DATE 7-5-1949 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 5, 1949 | REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR Wm T Tolbert | ADDRESS 1308- 6th N W

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07061

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park; LENGTH OF STAY (in this place) 47 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; STREET ADDRESS 4613 College Ave (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) PAULINE (Last) RICHARDSON

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 19 49

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7/8/1872

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Dept Store

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lee P. Wharton

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Mary Schenk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
491 Immediate cause	(a) Bronchopneumonia, lower lobes both lungs	2 days
II Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis generalized & cerebral	Unknown
93d	(c) Arteriosclerotic heart disease congestive hrt failure	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 19 48, to July 29, 19 49, that I last saw the deceased alive on July 29, 19 49, and that death occurred at 7 00 P m., from the causes and on the date stated above.

SIGNATURE: Charles E. Law (Degree or title) M.D. ADDRESS 915 H St. N.W. Washington 6, D.C. DATE SIGNED 7-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE THEREOF Aug 1, 1949 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md

DATE RECD BY LOCAL REG. Aug 1st 49 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Tasche Sons | ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07062

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 23½ Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince George COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 340 Main St

3. NAME OF DECEASED (Type or Print) (First) Mrs. Virginia (Middle) Ricks (Last)

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 23 01
9. AGE last birthday 48 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Nicholas Smith Powell
14. MOTHER'S MAIDEN NAME Mary Anna Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Albert Wilson Ricks (Hus.) as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxic Nodular Goiter

252.1

Antecedent cause(s)

63b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-22-49
19b. MAJOR FINDINGS OF OPERATION Toxic Nodular Goiter
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1949, to 7-22, 1949, that I last saw the deceased alive on 7-22, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE L. J. Lilly M.D. (Degree or title) 4404 Queensbury Rd. ADDRESS Riverdale Md. DATE SIGNED 7-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 25/49
NAME OF CEMETERY OR CREMATORY Ivy Hill
LOCATION (City, town, or county) Laurel Md (State)

DATE REC'D BY LOCAL REG. July 22, 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Wilbert S. Donaldson ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

Evidence for change of birth date on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07063

FILM No. G 121 AUG -9 1949

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hghts; LENGTH OF STAY (in this place) 10 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 505 61st. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hgts.; STREET ADDRESS (If rural, give location) 505-61st Ave.

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Otterbein (Last) Ringer

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-11-~~84~~94

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Elmer Ringer

14. MOTHER'S MAIDEN NAME: Alice Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Laura T. Ringer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 Immediate cause (a) Carcinoma of Esophagus. — Interval Between Onset and Death: 3 yrs.

46a Antecedent cause(s): Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1949, to July 25, 1949, that I last saw the deceased alive on July 24, 1949, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE: Reuben E. Stone (Degree or title) MD ADDRESS 3417 Minnesota Ave SE DATE SIGNED 7-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 7/27/49 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. July 25-49 REGISTRAR'S SIGNATURE Carrie F. Campbell.

24. FUNERAL DIRECTOR: W.W. Chambers Co. ADDRESS 517-11th St. S.E.

RECEIVED
JUL 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07064

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville | LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Ave. and Crain Hgwy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Claude Ellwood		Ritchie	7	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	5/24/04	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Maryland	USA

13. FATHER'S NAME: William Thomas Ritchie

14. MOTHER'S MAIDEN NAME: Effie Tillings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT: Willima W. Ritchie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

9315 — **Immediate cause** (a) Heat Stroke

191 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exposure to the sun

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Place of death	(CITY OR TOWN) Mitchellville	(COUNTY) P.G.	(STATE) Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
7	3	49	m.			Lay out in the direct sun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Bond	M. D.	Forestville, Md.	7/4/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 6, 1949	Epiphany	Forestville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 6, 1949	R. Bond Smith	Ritchie Bros.	Upper Marlboro, Maryland.

VS. A15A

RECEIVED
JUL 7 1949
BUREAU T. S.

Evidence for change of date of death is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07065

CERTIFICATE OF DEATH

FILM No. G 121 JUL 20 1949

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Hgts. — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Hgts.
STREET ADDRESS (If rural, give location) 7213 Justice St.

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) MAE (Last) ROBINSON
4. DATE OF DEATH: (Month) July (Day) 11th (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): widowed
8. DATE OF BIRTH: 11/13/80
9. AGE: Last birthday 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William H. Patterson
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): none
16. SOCIAL SECURITY No.: none
17. INFORMANT: Mae D. Brown, 7213 Justice St. Dist. Hgts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____

(c) Hypertensive arterio-sclerotic heart disease — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947 to 12 July, 1949, that I last saw the deceased alive on June 28, 1949, and that death occurred at 12:08 P.m., from the causes and on the date stated above. 7/12/49

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney W. Lowery 821 - Maryland Ave N.E. Wash. D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE 7/15/49 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Lanham — (State) Md.

DATE REC'D BY LOCAL REG. July 13-1949 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR — ADDRESS W. W. Chambers Co. 517 11th St. S.E.

County Coroner, Dr. Boyd, called. He gone O.K. to sign Certificate.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ Birth and Death

Reg. Dist. No. 345

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County: Prince Georges

City or town: Riverdale
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Eugene Leland Memorial Hospital

Length of mother's stay in County: 3 Hrs.
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

07066

State: Maryland

County: Prince Georges

City or town: Berwyn
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 9808 47th Avenue
(If RURAL give LOCATION)

3. Name of child: Baby Boy Ross

4. Date of birth: July 3, 1949 Hour: 9:22 A.M.

5. Sex: Male | 6. Twin or triplet: twin

7. No. of weeks pregnancy: 26

FATHER OF CHILD

8. Full name: Francis Ivan Ross

9. Color: white 10. Age at time of this birth: 28 yrs.

11. Usual occupation: Carpenter

MOTHER OF CHILD

12. Full maiden name: Elizabeth Anne Abbott

13. Color: white 14. Age at time of this birth: 18 yrs.

15. Usual occupation: Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 1 (c) How many other children were *born* dead? 0

17. Did child die before labor? ..... During labor? .....

18. Pregnancy, complications of: twins

19. Labor: (a) Complications of .....

(b) Induced? No

20. (a) Was there an operation for delivery? Yes
(Yes or No)

(b) State all operations, if any: Breech extraction

(c) Did child die before operation? .....

During operation? .....

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes: Prematurity

776 (b) Maternal causes: 26 weeks pregnancy

159 of twins.

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature: Hans Wendel M. D.
(Specify if M. D., midwife, or other)

Address: 30 B Ridge Rd., Greenbelt, Md.

23. (a) BURIAL (b) Date thereof July 6 1949
(Burial, ~~cremation or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Ft. Lincoln

24. (a) Funeral director: W. W. CHAMBERS

(b) Address: Riverdale, Maryland

25. (a) July 4, 1949 (b) James Seay
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

..... Health Officer, per .....

V. S. A10

* See Instruction C on stub.

Child lived 4 hours and 53 minutes

RECEIVED
JUL 6 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~Birth~~ Death and Death 345
Reg. Dist. No.

CERTIFICATE OF ~~STILLBIRTH~~

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:
   County Prince Georges
   City or town Riverdale
   (If outside city or town limits, write RURAL and give nearest town)
   Street address, hospital, or institution:
   Eugene Leland Memorial Hospital
   Length of mother's stay in County 2 Hrs.
   (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER: 07067
   State Maryland
   County Prince Georges
   City or town Berwyn
   (If outside city or town limits, write RURAL and give nearest town)
   Street No. 9808 47th Avenue
   (If RURAL give LOCATION)

3. Name of child Baby Boy Ross
4. Date of birth July 3, 1949 Hour 8:22 A M.
5. Sex Male
6. Twin or triplet twin
7. No. of weeks pregnancy 26

FATHER OF CHILD

8. Full name Francis Ivan Ross
9. Color white 10. Age at time of this birth 28 yrs.
11. Usual occupation Carpenter

MOTHER OF CHILD

12. Full maiden name Elizabeth Anne Abbott
13. Color white 14. Age at time of this birth 18 yrs.
15. Usual occupation Hswf.

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
    (b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? During labor?
18. Pregnancy, complications of twins
19. Labor: (a) Complications of
    (b) Induced? No
20. (a) Was there an operation for delivery? No (Yes or No)
    (b) State all operations, if any
    (c) Did child die before operation?
    During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
    (a) Fetal causes Prematurity
    (b) Maternal causes 26 weeks pregnancy of twins.
    776
    159

22. I certify to the birth of this child who was born dead* on the date and hour above stated.
    Signature Hans Woodall M.D.
    (Specify if M. D., midwife, or other)
    Address 30 B Ridge Road, Greenbelt, Md

23. (a) BURIAL (b) Date thereof July 6, 1949
    (Burial, cremation or removal) (month) (day) (year)
    (c) Cemetery ~~or crematory~~ Ft. Lincoln
24. (a) Funeral director W. W. CHAMBERS
    (b) Address Riverdale, Maryland

25. July 4, 1949 (b) James Berry
    (Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
    The above certificate has been examined by me.
    Health Officer, per

* See Instruction C on stub.

V. S. A10

Child lived 4 hours and 38 minutes

RECEIVED
JUL 6 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07068

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D.C. — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 3 years, 15da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 6000- N. Hampshire Ave., N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	W.	RUDDERFORTH	7	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	5-25-81	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance salesman	-	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Rudderforth	Emma F. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	577-03-3235	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) pulmonary tuberculosis	38 mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	-	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/10, 1946, to 7/25, 1949, that I last saw the deceased alive on 7/25, 1949, and that death occurred at 10:45 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pinecano	M.D.,	Glenn Dale Sanatorium Glenn Dale, Md.	7-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-29-49	Congressional	Washington, D.C.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/26/49	Rowland S. Phillips	S. H. Hines Co.	2901 14th St. N.W. Washington, D.C.

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07069

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 2yrs., 6mos., 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2849 - Monroe St. N. E. ✓

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) C (Last) RUE

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 15, 1910

9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Howard Poore

14. MOTHER'S MAIDEN NAME: Nellie McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) pulmonary tuberculosis — 68 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1947, to 7/31, 1949, that I last saw the deceased alive on 7/31, 1949, and that death occurred at 5:10 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finucane M. D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: July 31, 1949

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE: 8/1/49

NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery

LOCATION (City, town, or county) (State): Philadelphia Pa

DATE REC'D BY LOCAL REG.: Aug. 1, 1949

REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Robert P. Tomkins Jr.

ADDRESS: Bethesda Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1949
BUREAU V. S.

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07070

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier
LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3515 - 37th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier
STREET ADDRESS (If rural, give location) 3515 - 37th Street

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) R. (Last) Schick

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: Oct. 24. 1877

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wallie Guppy

14. MOTHER'S MAIDEN NAME: Colucia Howe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hall & Poole - Undertakers

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420 1
13 a

Immediate cause (a) Coronary sclerosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D., Dep. Med. Exam. - Cheverly - Hyattsville, Md 7-28-49

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation | DATE THEREOF 7/29/49 | NAME OF CEMETERY OR CREMATORY Skaneateles | LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REG. July 29 1949 | REGISTRAR'S SIGNATURE James Devez

24. FUNERAL DIRECTOR F. Gascha sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07071

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (In this place): 3mos., 29days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural, give location): 5622 Kansas Avenue N. W.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E (Last) SCHILLING

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 23, 1899

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector, Water Dept.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Schilling

14. MOTHER'S MAIDEN NAME: Mary Condon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma — Interval Between Onset and Death: 3 months

162 Antecedent cause(s)

470 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 6 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1949, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 1:35 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finnegan, M. D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 7/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: July 8, 1949

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: 7/8/49

REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: The S. H. Hines Co.

ADDRESS: 2901-14th St. N.W.

RECEIVED
BUREAU V. S.

07072

Evidence for change of birth date is on:

FILM No. G 121 JUL 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
LENGTH OF STAY (in this place) 4 Year 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 722-60 Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS (If rural give location) 722-60-Pl. N.E.

3. NAME OF DECEASED (Type or Print) (First) Tina (Middle) Scott (Last)

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 10, 1885
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Midwife
11. BIRTHPLACE (State or foreign country) Camden, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Pea
14. MOTHER'S MAIDEN NAME Adline Pea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ella Bracey, 722-60 Pl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-Vascular disease, and	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Cerebral Hemorrhage	1 year

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1949, to July 21, 1949 that I last saw the deceased alive on July 21, 1949, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE H. C. Beldon (Degree or title) M.D. ADDRESS 4423 Hunt Pl. N.E. Washington, D.C. DATE SIGNED 7-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF July 21-49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. July 21-49
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Henry S Washington Co. Inc. ADDRESS 467-N-N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUL 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07073

Reg. Dist. No. 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Pr. Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier | LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3728-37th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ranier
STREET ADDRESS (If rural, give location) 3728-37th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ira	Cleveland	Shade	July	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 8, 1887	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Govt Printing Off	W. Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Shade	Sara Elizabeth Yost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		Joseph C. Shade - Son -

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D. Dep. Md. Examiner	Cheverly-Hyattsville	7-31-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/3/49	Fort Lincoln Cemetery	Pr. Georges Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
aug 2 1949	James Seery	Wm. J. Malley	3200-B.I. Ave. Mt. Rainier, Md.

RECEIVED
AUG 5 1949
BUREAU V. S.

Evidence for addition in #18 and 19a shown on:

07074

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Form No. G 121 AUG 24 1949

1. PLACE OF DEATH · COUNTY: Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 6 days 10 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Goerge' General Hospital	STREET ADDRESS (If rural, give location): 2506 Arundel Road

3. NAME OF DECEASED (Type or Print)	(First) Dorothy	(Middle)	(Last) Sharkey	4. DATE OF DEATH	(Month) July	(Day) 8	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Jan. 28, 1906	9. AGE last birthday: 43 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Oregon		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Unk			14. MOTHER'S MAIDEN NAME: Unk.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT ✓				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
468.1 Immediate cause	(a) Toxemia and ① Generalized Peritonitis	5 days.
122.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Obstruction ② Volvulus of Small Bowel due to old operative adhesions	7 days
	(c) Post Operative Band and ③ mesenteric adenitis	7 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1948	19b. MAJOR FINDINGS OF OPERATION (8/24/49 - ams): Hysterectomy	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Samuel J N Sugar	4300 Kaywood Drive Mt Rainier Md	July 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Jul. 8-1949		Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-8-49	Amanda Downey	Martin W Hysong Co.	1300 N. St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07075

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mormingside; LENGTH OF STAY (in this place) 7 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 505 - Allies Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mormingside; STREET ADDRESS (If rural give location) 505 - allies Road

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) Ann (Last) Shaner

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 3, 1932

9. AGE last birthday: 16 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Amissville Va

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Addison M Shaner

14. MOTHER'S MAIDEN NAME: Edna Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Edna Shaner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion

081

Antecedent cause(s)

87a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Aplasia

(c) Had polio 1933 and never recovered - never was able walk, talk or move body.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to July 27, 1949, that I last saw the deceased alive on June, 1949, and that death occurred at 8 00 P m., from the causes and on the date stated above.

SIGNATURE James S. Boyd | (Degree or title) M.D. | ADDRESS Forestville Md | DATE SIGNED 7-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 7/29/49 | NAME OF CEMETERY OR CREMATORY Washington National | LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 7/29/49 | REGISTRAR'S SIGNATURE Amanda Worono

24. FUNERAL DIRECTOR F. Gascho sons | ADDRESS Hyattsville Md

VS. A15

RECEIVED
AUG 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07076

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ra Virginia COUNTY Green
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruckersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JULIA (Middle) (Last) SHIFFLET

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced

8. DATE OF BIRTH April 1/1913

9. AGE last birthday 36 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Ruckersville, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME B. B. Shiflett

14. MOTHER'S MAIDEN NAME Nancy Shiflett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS J. E. Shiflett - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 y.

002

13t

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 1949, to 7/29, 1949, that I last saw the deceased alive on 7/29, 1949 and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE William R. Bunn (Degree or title) M.D. ADDRESS 305 P. George St Laurel DATE SIGNED 7/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE July 31, 1949 NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. July 30-1949 REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1949
BUREAU V. S.

07077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 22 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg, Maryland
STREET ADDRESS (If rural, give location) 4910 Annapolis Rd.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Simmers

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1949

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 31, 1914
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Linville Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Simmers, John
14. MOTHER'S MAIDEN NAME Lucy Rosenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. James Simmers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

581.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

124 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1938, to July 1, 1949 that I last saw the deceased alive on June 30, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE Leonard Harp (Degree or title) M.D. ADDRESS Hyattsville, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/31/49
NAME OF CEMETERY OR CREMATORY Linville Cemetery
LOCATION (City, town, or county) Linville Va (State)

DATE REC'D BY LOCAL REG. July 2, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Tasch & sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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S. A15

RECEIVED
JUL 5 1949
BUREAU V. M.

Evidence for addition to #18c shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07078

CERTIFICATE OF DEATH

Reg. Dist. No. 239

FILM No. G 121 AUG 23 1949

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 37 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mathias (Middle) Alphonsus (Last) Smith

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug. 15, 1873
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY poultry
11. BIRTHPLACE (State or foreign country) Baltimore Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin Smith
14. MOTHER'S MAIDEN NAME Appolina Dieter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Mathias A. Smith - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastric Haemorrhage

157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Linen Stomach

46g Primary site of carcinoma: (c) Pancreas [8/22/49 abc]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/26, 1948, to July 3, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE N. B. [signature] (Degree or title) ADDRESS Laurel DATE SIGNED 7-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 6, 1949
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. July 5-49
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07079

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
LENGTH OF STAY (in this place) 2 tears
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 W Hilside Raod

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 13 W. Hilside Road

3. NAME OF DECEASED (Type or Print) (First) Verlie (Middle) Ethel (Last) Smith

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 1st, '06

9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Iowa, Council Bluff

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas C. Jeffrey

14. MOTHER'S MAIDEN NAME Nellie Hildreth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Donna Faulconer, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Intracranial Hemorrhage

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T Maloney (Degree or title) M.D. ADDRESS Deputey Medical Examiner Hyattsville, Md. DATE SIGNED 7-30-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Aug 1/49 NAME OF CEMETERY OR CREMATORY Cedar Lawn Council Bluff LOCATION (City, town, or county) Iowa (State)

DATE REC'D BY LOCAL REG. Aug 1/49 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gasch's Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07080

Reg. Dist. No. 246

1. PLACE OF DEATH: COUNTY Prince George County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md.; LENGTH OF STAY (in this place) 1 month 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Heights - Chevely -; STREET ADDRESS (If rural, give location) 3800 56th Place

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) Mattie (Last) Snook

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 18 1873

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Stickell

14. MOTHER'S MAIDEN NAME: Mary Ann Cooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Helen Sando (niece) Wa. 4586

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 yrs.
420.0 61	(c) Diabetes Mellitus.	2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1949, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. W. Malin M.D. ADDRESS: Riverdale, Md. DATE SIGNED: July 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/11/49 | NAME OF CEMETERY OR ~~CREMATORY~~: Congressional | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: July 10, 1949 | REGISTRAR'S SIGNATURE: James Devery

24. FUNERAL DIRECTOR: F. Sando & Son ADDRESS: Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07081

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince George
City or town: Temple Hills
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 - months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pr. George
City or town: Temple Hills
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5301 - Janice Lane
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME JOHN SPALDING

3. (b) Social Security Number 714-10-9588

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	w	married

6.(b) Name of husband or wife: Nette B Spalding
6.(c) If alive, give age 74 years
7. Birth date of deceased (mo., day, yr.): Feb 7, 1875

8. AGE: Years 74 | Months 4 | Days | If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: retired - RR dispatcher
11. Industry or business: Railway Express

FATHER
12. Name: Daniel Spalding
13. Birthplace: Md.

MOTHER
14. Maiden name: — Cryer
15. Birthplace: Md

16. Informant: Ruth E. Soper
Address: same as above

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 7 1949 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Suitland, Md.

18. Funeral director: J Wm Lee's Sons Co
Address: 300 - 4 st N.E. - Wash DC

19. July 4 1949 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4 1949, at 2:13 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5, 1946, to July 3 1949 and that I last saw him alive on July 3, 1949

Immediate cause of death: Metastatic Ca to vital organs. — DURATION
Due to: Primary Ca of Prostate
Due to:
Other conditions: gen. arteriosclerosis
177
51b
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Alch Wartman M. D. or other
Address: 2015 Nichols St. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07082

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George's County

City or town: Fairmount Heights (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred: 5726 - Jay St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George's

City or town: Fairmount Heights (If outside city or town limits, write RURAL and give nearest town)

Street No. 5726 - Jay - St. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Margaret Thomas

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: James Thomas

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): May 14, 1884.

8. AGE: Years: 65 Months: 2 Days: 10 If less than one day: hrs. min.

9. Birthplace: Galesville, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Richard Wilson

13. Birthplace: Galesville, Md.

MOTHER

14. Maiden name: Mary Peaker

15. Birthplace: Philadelphia, Pa

16. Informant: Mr. Mary Fox (Sister)

Address: 4605 - Kane Pl. N.E.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 25-49 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Henry S. Washington & Sons

Address: 467 - N st. NW Wash. D.C.

19. July 25 1949 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1949 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1944 to July 24 1949 and that I last saw her alive on July 24, 1949

Immediate cause of death: Cerebral Hemorrhage — DURATION: 7-24-49

Due to: Hypertension — 5 yrs.

Due to: Hypertensive Cardio Vascular Disease

Other conditions: Chronic Bronchial Asthma — 5 yrs.

443 (Include pregnancy within 3 months of death)

93 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: H. C. Beldon, M.D. M. D. or other

Address: 4423 - Hunt Pl. NE Date signed: 7-24-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 28 1949
BUREAU P. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07083

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE ~~Md~~ Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3900 Hamilton St.

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) (Last) Tingley

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1949

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 7-6-49 | 9. AGE last birthday 0 yrs. | If under 1 year Months 0 Days 1 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Egbert Tingley | 14. MOTHER'S MAIDEN NAME Marie Katherine Maloney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Atelectasis — 12 hrs.

762.5 159

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature birth

(c) Wt. 3 lb. 9 oz.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1949, to 7-7, 1949 that I last saw the deceased alive on 7-7, 1949 and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE W. D. Bauer M.D. (Degree or title) M.D. ADDRESS 4314 Gallatin St. Hyattsville DATE SIGNED 7-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/8/49 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 7/8/49 | REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR E. Gaeche Sons | ADDRESS Hyattsville Md

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07084 239

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Prince George · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel · LENGTH OF STAY (In this place): 1 month	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 334 Laurel Ave	STREET ADDRESS (If rural give location): 5981 Suitland Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ann	Tobin	June	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	July 17, 1872	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Washington D. C.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John O'Hara Tobin	Mary Ann Fahey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs Albert Pohl (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Chronic myocarditis	6 yr
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia	6 yr.
	(c) Arteriosclerosis	10 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture of hip	4 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home	Suitland	Pr. George	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
May	17th	1949	10 p.m.			Fell when she got up from chair.

22. I hereby certify that I attended the deceased from 6/1, 1949, to 7/6, 1949, that I last saw the deceased alive on 7/4, 1949, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert L McLaney M.D.		402 Main St Laurel Md	7/7/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-9-49	Mt. Olivet	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 8-49	M. Bradshaw	W. W. Chambers	517-11th St. N.E.

VS. A15

RECEIVED
JUL 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07085

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro | LENGTH OF STAY (in this place) Immed
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T (Last) Tolson

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH ? ? 1871 | 9. AGE last birthday 78 ~~75~~ ? yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Frank Tolson | 14. MOTHER'S MAIDEN NAME Henrietta Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mary E. Tolson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James J. Boyd M. D. | Forestville Md | 7-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 5, 1949 | NAME OF CEMETERY OR CREMATORY St. Peters | LOCATION (City, town, or county) (State) Waldorf, Maryland.

DATE REC'D BY LOCAL REG. July 4, 1949 | REGISTRAR'S SIGNATURE J. N. Billingsley | 24. FUNERAL DIRECTOR Ritchie Bros. | ADDRESS Upper Marlboro, Md.

VS/A15A

07086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY: Pro Geo Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bladensburg
LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Pro Geo Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bladensburg
STREET ADDRESS (If rural give location): 3403 Kenilworth Ave

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) — (Last) TURNER

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: sept 4, 1865
9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm Turner
14. MOTHER'S MAIDEN NAME: unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.
16. SOCIAL SECURITY No.: none
17. INFORMANT: J. William Watson (nephew)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? 10 55

22. I hereby certify that I attended the deceased from 7-11, 1949, to 7-16, 1949 that I last saw the deceased alive on 7-16, 1949, and that death occurred at 10 55 A.M. m., from the causes and on the date stated above.

SIGNATURE: Leon and Hay (Degree or title) M.D. ADDRESS: Hyattsville Md DATE SIGNED: 7-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/19/49
NAME OF CEMETERY OR CREMATORY: Glenwood
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 7-17-49
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F. Tasch's sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU U. S.

07087

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Pk; Md. — LENGTH OF STAY (in this place) 1½ Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Co. ~~5801 42 Ave;~~	STREET ADDRESS (If rural, give location) 6503 44 Ave

3. NAME OF DECEASED (Type or Print)	(First) CARRIE	(Middle) ANNA	(Last) VANDERBILT	4. DATE OF DEATH	(Month) July (Day) 30 (Year) 1949
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH 2 28 1875	9. AGE last birthday 74 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington, D. C	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Christian Vanderbilt			14. MOTHER'S MAIDEN NAME Margaret Ryan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Rest Home Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Pneumonia, terminal — 2 days

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & hypertensive heart disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1941, to Present, 19..., that I last saw the deceased alive on July 30, 1949, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS MD DATE SIGNED 7/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Aug 3 1949	NAME OF CEMETERY OR CREMATORY Prospect Hill Cemy	LOCATION (City, town, or county) Wash DC (State)
DATE REC'D BY LOCAL REG. Aug 1, 1949	REGISTRAR'S SIGNATURE James Sevey	24. FUNERAL DIRECTOR The S.H. Hines Co.	ADDRESS 2901 14th St N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
AUG 2 1949
BUREAU V. S.

REPLACEMENT CERTIFICATE for original under erroneous name of SUE McCRAW (incorrect identification); first cer. and Dr.Maloney's letter filmed 121 8-9-49 and filed in PERM.FILE under VARECKA.8-9-49 LL (TN)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07088

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. Carolina COUNTY Wake
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raleigh
STREET ADDRESS (If rural, give location) 413 N. Dawson Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vivian	Elizabeth	Varecka	July	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	divorced	3-26-1916	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Raleigh, N. Carolina	USA

13. FATHER'S NAME: Charles Hilton

14. MOTHER'S MAIDEN NAME: Mary Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mary Pruitt . Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

812.5 **Immediate cause** (a) Hemorrhage and shock

170c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of skull and body

(c) Struck by motor truck

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Balt. Boul.	Laurel	Pr.Georges	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
7- 5-49 10.30 A m.		Struck by trailer truck

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney,	M.D. Deputy Medical Examiner	Hyattsville, Md	7-27-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/13/49	Evergreen	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 13, 1949	James Leney	H. Gasch & Sons	Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07089

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural give location) 4608 Tuckerman St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	BARNES	VINCENT.	July	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Dec. 22, 1868	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Refrigeration Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Refrigeration
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Williams Henry Vincent
14. MOTHER'S MAIDEN NAME: Annie May Grijen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 5 yrs

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1946, to 7-~~25~~ 25, 1949 that I last saw the deceased alive on July 25, 1949, and that death occurred at 5:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Juan Hays M.D. Hyattsville. Md — 7-25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28, 1949	Fort Lincoln Cemetery	Bladensburg Rd. N.E. D.C. Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
July 26 1949 — James Devey — J. Arthur Walters, 254 Carroll St. NW. Wash. 12. D.C.

VS. A15

RECEIVED
JUL 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07090

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 2 mo, 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1144- 23'd St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Walker

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 21, 1926

9. AGE last birthday: 23 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harold Nugent

14. MOTHER'S MAIDEN NAME: Eleanor Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002

Immediate cause (a): pulmonary tuberculosis — Interval between onset and death: 8 mos

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16, 1949, to 7/26, 1949, that I last saw the deceased alive on 7/26, 1949, and that death occurred at 645 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Duncan M.D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md.

DATE SIGNED: 7-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7/30/49

NAME OF CEMETERY OR CREMATORY: Sandy Spring

LOCATION (City, town, or county) (State): Montgomery County Md

DATE REC'D BY LOCAL REG.: 7/27/49

REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: R. L. Snowden

ADDRESS: Rockville, Md.

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07091

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 6912-F Street

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Gerald (Last) Wallace
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 11, 1942
9. AGE last birthday 7 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Floyd Jasper Wallace
14. MOTHER'S MAIDEN NAME Mary Margaret Sheil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Colitis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spastic paraplegia	7 yrs
	(c)	

351
87e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. Dep. Med. Examiner (Degree or title) ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 7-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF July 30/1949
NAME OF CEMETERY OR CREMATORY Saffell Funerals Co
LOCATION (City, town, or county) (State) Washington Lk
DATE REC'D BY LOCAL REG. 7/30/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR L. Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 2 1949
BUREAU V. S.

Marty D Kurtz

MARYLAND STATE DEPARTMENT OF HEALTH

07092

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg | LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4630 Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg, ?
STREET ADDRESS (If rural, give location) 4630 Annapolis Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Wiley	Walters	July	22	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Sept 19, 1893	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pastor		North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Lee Walters	Callie Jane Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
? WW I ? WW II	212-14-3060	Glenn Walters, Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Hypertensive heart disease

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D. Deputy Medical Examiner	Cheverly Md	7-23-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 25-49	Mt Zion	Bel Air Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/23/49	Amanda Downey	Martin G Kurtz	Forestville Md.

RECEIVED
JUL 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07893

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: PRINCE GEORGES' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIVER DALE
LENGTH OF STAY (in this place): 1 day 23 hr. 35 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: LELAND MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn
STREET ADDRESS (If rural, give location): 4613 Cherry Hill Road

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] DAN CLAUDE (Last) WEAVER

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 7/17/49

9. AGE last birthday: yrs.
If under 1 year: Months 0 Days 27 | If under 24 hrs.: Hours 23 Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: LESLIE AIDEN WEAVER

14. MOTHER'S MAIDEN NAME: LOIA MAE LORRAINE TRAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Hospital RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (760.0)	A Asphyxia	1 hr
Antecedent cause(s) (160a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	C Cerebellar hemorrhage prenatal work.	
	B Convulsive seizures	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:55 a.m. 7/17, 1949, to 7/19, 1949, that I last saw the deceased alive on 7/19, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE: Arthur Haskell (Degree or title): M.D. ADDRESS: Leland Memorial Hosp. DATE SIGNED: 7-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 20 1949 | NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery | LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: July 20 1949 | REGISTRAR'S SIGNATURE: James Seay

24. FUNERAL DIRECTOR: A Gasch Sons ADDRESS: Hyattsville Md

RECEIVED
JUL 22 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07094

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spe is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor; LENGTH OF STAY (in this place) Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Oden (Last) Wickham

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 3/22/1862

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Ret. Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Richard K Wicham

14. MOTHER'S MAIDEN NAME: Mary ? Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Elon Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 **Immediate cause** (a) Congestive Heart Failure — Interval Between Onset and Death: 2 months

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemolytic Anemia — 3 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to July 29, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 1:35A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. Sasser, Md. Upper Marlboro - Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/31/49	St. Thomas	Croom Maryland

DATE REC'D BY LOCAL REG. July 31 1949 — REGISTRAR'S SIGNATURE R Bud Smith

24. FUNERAL DIRECTOR ADDRESS: Ritchie Bros. Upper Marlboro, Md.

Ritchie Bros.

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AUG 2 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17095

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRENTWOOD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRENTWOOD
STREET ADDRESS (If rural give location) 4008 - 38TH ST.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) K. (Last) WOLFF

4. DATE OF DEATH: (Month) JULY (Day) 29 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: OCT. 2, 1896

9. AGE last birthday: 53 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS CULLEN

14. MOTHER'S MAIDEN NAME: MARY MALLON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: ADRIAN PAUL WOLFF (HUSBAND)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156 Immediate cause (a) Primary carcinoma of liver — Interval between onset and death: 1 yr. (?)

46f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1949

19b. MAJOR FINDINGS OF OPERATION: Multiple carcinomatous areas of liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19 49, to July 29, 19 49, that I last saw the deceased alive on 7/27, 19 49, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dayne H. Duffy M.D. 4200 - 9st N.W. 7/29/49.

23. BURIAL / CREMATION / REMOVAL (Specify): removal

DATE THEREOF: 7/29/49

NAME OF CEMETERY OR CREMATORY: Washington

LOCATION (City, town, or county) (State): D.C.

DATE REC'D BY LOCAL REG. 7/29/49

REGISTRAR'S SIGNATURE: Amanda Wood James Deane

24. FUNERAL DIRECTOR: Timothy Hanlon ADDRESS: 641-H St. NE.

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AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07096

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Glenn Dale
LENGTH OF STAY (in this place): 1yr., 4mos., 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D
STREET ADDRESS (If rural, give location): 1419-A South Capitol Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) (Last) WRIGHT

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 19, 1896

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodmore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Robison

14. MOTHER'S MAIDEN NAME: Sarah Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinoma of the Sigmoid — Interval between onset and death: 5 months

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 11 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1948, to 7-24, 1949, that I last saw the deceased alive on 7-24, 1949, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finucane M. D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: July 24, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/30/49 — NAME OF CEMETERY OR CREMATORY: Holy Family Cemetery — LOCATION (City, town, or county) (State): Woodmore, Maryland

DATE REC'D BY LOCAL REG.: 7/25/49 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Robert J. McGuire — ADDRESS: 1820-9 St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07097

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenbelt, Md.
STREET ADDRESS (If rural, give location): 53-2 Ridge Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Leith	Yanka	July	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 11, 1921	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Naval Ordnance	Washington, D.C.	U.S.A.

13. FATHER'S NAME: Adolph Joseph Yanka
14. MOTHER'S MAIDEN NAME: Cecilia Moller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	9/2/44-3/10/46	213-12-6504	Cecilia Moller Yanka - Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple fractures of skull & body.	
863.1 173	(c) Airplane crash.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	Lanham.	Md Pr. Geo -	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
7-29-49 7:15 P.m.		Crash of private airplane

22. *I certify that I took charge of the remains described above, held an ~~Autopsy~~ ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam.	Chuseley - Hyattsville, Md	7-29-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 5, 1949	Fort Lincoln	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/30/49	Amanda Wooden Reg. Cami Campbell D.F.	J. Wm. Fellows Co.	300-4th St. NE.

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